Youth



In Virginia, 2005 data indicates the HIV/AIDS diagnosis rate among men ages 20-24 (34.2 per 100,000) was twice as high as women (17.4 per 100,000) in the same age group.

In 2006, individuals ages 20-29 had the highest incidence rates of chlamydia (1,259.2 per 100,000), gonorrhea (414.0 per 100,000) and total early syphilis (12.1 per 100,000) in Virginia.

According to the 2005 Virginia's Community Youth Survey conducted by the Virginia Department of Health, 59.2% of individuals in 8th, 10th, and 12th grades have consumed alcohol. 38.2% of these individuals have smoked cigarettes, 15.1% have used smokeless tobacco, and 27% have used marijuana. The study also found that students from rural areas were more likely to engage in drug and alcohol use than those in urban areas.

The Centers for Disease Control and Prevention (CDC) defines youth, or young people, as persons ages 13-24 years of age. Young people come face to face with a variety of issues, including alcohol and drug use, sex, sexually transmitted diseases including HIV/AIDS, bullying, and depression. These issues affect young people in their homes, at school, and in their communities. According to the 2005 Virginia's Community Youth Survey conducted by the Virginia Department of Health, 59.2% of

individuals in 8th, 10th, and 12th grades have consumed alcohol. 38.2% of these individuals have smoked cigarettes, 15.1% have used smokeless tobacco, and 27% have used marijuana. The study also found that students from rural areas were more likely to engage in drug and alcohol use than those in urban areas. These statistics are similar to those of the rest of the nation, with the exception of the use of smokeless tobacco. Smokeless tobacco rates are higher among Virginian 12th graders (23%) than the national average (18%). Although drug and alcohol use has remained constant over the past five years, cigarette use has decreased dramatically, dropping from 53% in 2000 to 38% in 2005 (Moore et al., 2006).

In addition to engaging in drug and alcohol use, many young people are sexually active and engage in risky sexual behaviors. According to the CDC, 47% of high school students are sexually active and by the age of 21, 85% of U.S. adults have had sexual intercourse (CDC, 2006). 2005 Virginia data indicates the HIV/AIDS diagnosis rate among men ages 20-24 (34.2 per 100,000) was twice as high as women (17.4 per 100,000) in the same age group. Between the ages of 25-39, men continue to be diagnosed at twice the rate as women. After age 39, the rate of diagnosis is almost triple among men than women.

In 2005, there were 15 females and 24 males between the ages of 0-19 diagnosed with HIV/AIDS in Virginia. Although the diagnosed cases of HIV/AIDS among this age group are low, the frequency of STDs among youth remains high. In 2006, individuals ages 20-29 had the highest incidence rates of chlamydia (1,259.2 per 100,000), gonorrhea (414.0 per 100,000) and total early syphilis (12.1 per 100,000) in Virginia. For gonorrhea and chlamydia the next highest rates were among individuals ages 13-19 with rates of 175.0 per 100,000 and 791.4 per 100,000 respectively. Incidence rates of HIV/ AIDS and STDs are highest among African American youth, as well as those involved in injection drug use or are men having sex with men. However, risky behavior, not ethnicity and sexual orientation, place an individual at risk for the disease.

Sexual orientation is extremely important, however, www.cdc.gov/lgbthealth/ when analyzing data about harassment and bullying in schools. GLSEN, the Gay, Lesbian and Straight Moore, M., Honnold, J., Derrig, M., Glaze, A., & Ellis, Education Network, conducted a survey in Virginia in 2006, in which 63% of students reported that they had been verbally abused and 24% reported that they had been physically abused at school in the past year. Bullying and harassment appear to disproportionately affect gay and lesbian students, where 44% of students reported being harassed because of sexual orientation (GLSEN, 2006). In conjunction with increased rates of harassment and bullying, gay male adolescents are 2 to 3 times more likely to attempt suicide and are more likely to be depressed (CDC,2007). This is important to consider when planning HIV prevention programs, because depression may lead to more risky sexual behavior. A recent study conducted by the Bradley Hasbro Children's Research Center and Brown Medical School reveals that African American teens with symptoms of depression were found to be four times more likely to engage in risky sexual behavior (Brown et al., 2006).

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